

in the United States District Court
for the Northern District of Texas
Amarillo Division

Alexander Mendez #02117007
W.F. Clements

✓.

CASE NO. 2-24 cv-261-2

Zimmerman et al

AC

JAN 16 2025 PM2:05
FILED - USDC - NDTX - AM

- Submission of court ordered documents-
- SEE Attached.-

Alexander Mendonsa #02117007
TDCJ Clements Unit
9601 Spur 591
Amarillo, TX 79107

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

Administrative Review and Risk Management

Inmate Grievance

NOTICE OF IMPROPERLY SUBMITTED GRIEVANCE

12E 07B

DATE: 1-4-24

NAME: Mendonsa, Alexander

TDCJ #: 2117007

UNIT: BC

FROM: Central Grievance Office

Your documents received in this office have been reviewed and a response is indicated below. If you need additional information or assistance, you may contact the Unit Grievance Investigator at your unit.

- These issues have been reviewed at both steps of the grievance procedure. No other administrative remedies are available to you regarding the issue. Further action by this office is not warranted.
- Your Step 1 grievance(s) was properly screened.
- This Step 2 appeal cannot be processed without the corresponding original, answered Step 1 grievance.
- You may not submit a Step 2 appeal on a Step 1 grievance that was screened using one of the screening criteria and returned to you unprocessed.
- It is not permissible to mail your grievances directly to the Central Grievance Office. Submitting your grievances incorrectly may result in your grievable time to expire.

Step-1 and/or Step-2 grievances CANNOT be mailed here, they must be turned into your Unit Grievance Office first.

Comments:



Texas Department of Criminal Justice

STEP 2 OFFENDER
GRIEVANCE FORM

Offender Name: Alexander Mendez TDCJ # 217007
 Unit: BC Housing Assignment: 12-E 29 B
 Unit where incident occurred: BC

OFFICE USE ONLY

Grievance #: OCT 16 2023
 UGI Recd Date: _____
 HQ Recd Date: _____
 Date Due: _____
 Grievance Code: _____
 Investigator ID#: _____
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

I AM DISSATISFIED WITH THE RESPONSE AT STEP 1 BECAUSE, I WAS TOLD A USE OF FORCE IS NO longer A Grievable issue. But this was NOT a use of force. this was A misuse/abuse of official capacity to conduct an assault on me. Medical Records + Camera/video evidence will support my claim. Also I was Denied medical attention multiple times before I was finally given treatment when serious injury and Risk of Death became evident. HSTH:120 9-11 am 06-22-23 unit BC. Watch what happened. also enroute to 12-E-29 ... video will support claim as well as medical staff working that day. on 12 Bldg. Triage. And 10 Bldg. Emergency Room. And 10 Bldg. infirmary cells... Also the Region 5 medical Director. I AM ALSO DISSATISFIED BECAUSE THE STEP 1 WAS NOT PROPERLY INVESTIGATED. I suspect my 1st attempt was "lost" to poor logging the process and void my word based on a time separation my 1st attempt was submitted the morning of 06-25-23 the monday maybe Tuesday 26th from 12-E 29 video Record will support my claim.

Offender Signature: 

Date: 10-14-23

Grievance Response:

Signature Authority: _____

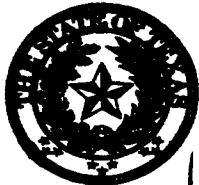
Date: _____

Returned because: *Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.*
- 3. Originals not submitted. *
- 4. Inappropriate/Excessive attachments.*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY	
Initial Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
2 nd Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
3 rd Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	



Texas Department of Criminal Justice

**OFFENDER
STEP 1 GRIEVANCE FORM**

 Second attempt 1st attempt was lost

Offender Name: Alexander Mendonsa TDCJ # 217007

Unit: B.C. Housing Assignment: 12 E 29 B

Unit where incident occurred: B.C.

OFFICE USE ONLY

Grievance #: _____

Date Received: _____

Date Due: _____

Grievance Code: _____

Investigator ID #: _____

Extension Date: _____

Date Retd to Offender: _____

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

10-06-23

Who did you talk to (name, title)? Turner, Grievance Investigator When? 06-26-23

What was their response? That I NEVER Filed A GRIEVANCE, GRIEVANCE LOST.

What action was taken? NONE

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate. ^{© HSM}

I WAS ASSAULTED BY MULTIPLE OFFICERS IN AN EXCESSIVE USE OF FORCE ON 06-23-23 I was in my cell and the door rolled. 7 correctional officers came in and beat me up. punching, kicking, slamming my head in the concrete, put me in cuffs and kicked my head in punching the back of my head trying to kill me. saying stop resisting but I was already in cuffs. Then I was brought out and slammed on my head where I briefly lost consciousness. I was denied medical attention. officer flowers tried to move me to 12-C pod. that was not allowed but moved me to 12 E 29. I was again denied medical attn. I started vomiting about an hr later. when med pass walked around. the nurse saw me and sent me to the hospital on an ambulance I got a CAT scan and it is recorded multiple fractures and hematomas. major head trauma. Both my eyes were swollen shut the next day. I was given a case for assault on officer. But why was my door opened before I was in those restraints like policy says. the case # 2023070202447 I was denied a chance to go to the hearing. I turned in my grievance the Monday after 06-23-23 so 06-26. And I have sent multiple I-60 asking about the status of said grievance. I finally received an I-60 back on my 3rd attempt saying that I NEVER Filed a GRIEVANCE. So I see that

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

I-127 Back (Revised 11-2010)

EMERGENCY!

Read completely.

(OVER) 10-11-23. Turner did not pick up this grievance. She did not come to all sections to pick up. Offender Grievance Operations Manual 8:20 - 8:30 AM Appendix F. She didn't do her job.

OCT 23 2023

It is being hidden because this is a possible Law Suit Against TDCJ as well as Criminal Abuse of Authority against all officers involved. So it's not surprising the grievance was "lost" this is my second attempt. As well the I-10 is attached to this grievance OCT 12 2023

Action Requested to resolve your Complaint:

Disciplinary action Against all officers involved in use of force as well as denied medical attention. Documentation of existing Remedies for a Law Suit. A Review of this Grievance.

Offender Signature: 

Date: 10/11/23

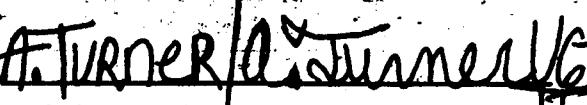
Grievance Response:

Signature Authority:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. *
- 3. Originals not submitted. *
- 4. Inappropriate/Excessive attachments. *
- 5. No documented attempt at informal resolution. *
- 6. No requested relief is stated. *
- 7. Malicious use of vulgar, obscene, or physically threatening language.
- 8. The issue presented is not grievable. *of forced longer grievable*
- 9. Redundant, Refer to grievance # *ISSUES*.
- 10. Illegible/incomprehensible. *
- 11. Inappropriate. *

DGI Printed Name/Signature: 

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY	
Initial Submission	UGI Initials: <i>2024019979</i>
Grievance #: <i>1001899</i>	Screening Criteria Used: <i>#8</i>
Date Recd from Offender: <i>OCT 12 2023</i>	Date Returned to Offender: <i>OCT 12 2023</i>
2 nd Submission	UGI Initials: _____
Grievance #: _____	Screening Criteria Used: _____
Date Recd from Offender: _____	Date Returned to Offender: _____
3 rd Submission	UGI Initials: _____
Grievance #: _____	Screening Criteria Used: _____
Date Recd from Offender: _____	Date Returned to Offender: _____

